



## 2013 Vendor/Exhibitor Registration Form

6th Annual Kentucky eHealth Summit

Hosted by: Governor's Office of Electronic Health Information

September 16-17, 2013

Sloan Convention Center

1021 Wilkinson Trace

Bowling Green, KY

Vendor/Exhibitor Package	\$450
<ul style="list-style-type: none"> <li>• Placement of One Exhibit Table (Standard 6' skirted table) for Tabletop Exhibit Booth</li> <li>• Complimentary Conference Registration for Two Attendees</li> <li>• Listing in the Conference Program, Website, Select Conference Materials and Signage</li> <li>• Continental Breakfast; Lunch and AM/PM Breaks</li> <li>• Electric Available upon Request;</li> <li>• Wireless Internet</li> <li>• Charity Golf Scramble, Monday, September 16<sup>th</sup>: 10:00 am – 3 p.m.</li> <li>• Exhibitor Set-Up: Monday, September 16<sup>th</sup>: 11:00 am – 4:00 pm</li> <li>• Awards Dinner: Monday, September 16<sup>th</sup>: 7:00 pm – 9:00 pm</li> <li>• Exhibitor Fair Hours: Tuesday, September 17<sup>th</sup>:               <ul style="list-style-type: none"> <li>7:30 – 9:00 am - Registration/Continental Breakfast/Exhibitor Fair</li> <li>11:00 – 11:30 am - Exhibits/Break</li> <li>11:30 - 1:00 pm - Lunch - includes Exhibitors</li> <li>1:00 - 2:00 pm - Reverse Trade Show: Private Vendor Appointments</li> <li>2:00 - 2:30 pm - Exhibits Fair/Break</li> </ul> </li> </ul>	

### To Register and Pay On-Line:

<https://prd.chfs.ky.gov/GenRegistration/ClassConf.aspx?AGY=1>

(If Register on-line, no need to fill out form)

### Hotel Information:

For Hard Copy Registration, please fill out the following:

Organization: \_\_\_\_\_

(Please list exactly as it is to be listed on all acknowledgments)

Contact 1: \_\_\_\_\_ Contact 2: \_\_\_\_\_

(Please list names exactly as you would like on name tags)

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_

City/State/ Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Any additional booth members will be \$75 to cover food and Summit materials

### Payment

Number of Exhibitor Standard Booth Space: \$450 x ( ) = \_\_\_\_\_

Additional Booth Attendee (above 2) \$75 x ( ) = \_\_\_\_\_

TOTAL: \_\_\_\_\_

Application for Exhibit Space made by (print name): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Authorized Signature for Company: \_\_\_\_\_

Circle Payment Method:    Check    American Express    Visa    MasterCard    Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Print Name as it appears on the Card: \_\_\_\_\_

Sign Name as it appears on the Card: \_\_\_\_\_

If paying by check, please make checks payable and send to the:

KY State Treasurer  
Cabinet for Health and Family Services  
Governor's Office of Electronic Health Information  
Attn: e-Health Summit Registration  
275 E. Main Street, 4W-A  
Frankfort, KY 40621

For I-9 Requests, please email Ann O'Hara

Exhibitor Fair Contact: Ann O'Hara: [ann.ohara@ky.gov](mailto:ann.ohara@ky.gov) or 502-229-3123